

|  |
| --- |
| **Nursing Professional Development Recognition Programme****Proficient Enrolled Nurse****Name: …………………………………………………..**For use by Enrolled Nurses (ENs) when applying to proficient level or for reapplication and maintenance of proficient level on the Te Matau a Māui Hawke’s Bay PDRP. |

|  |
| --- |
| **PDRP APPLICATION FORM** |
| **Please complete this form fully - incomplete forms / portfolios will be returned** |
|

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Applicant Name:** |  |  | **Workplace:** |  |
| **Te Matau a Māui HB Employee Number:** |  |  | **NCNZ APC Number:** |  |
| **Telephone Number:** |  |  | **Ethnicity:** |  |
| **Email Address:** |  |  |  |  |

***To be signed no more than 2 weeks prior to submission.***1. I declare that I have maintained the NCNZ requirements related to practice hours, professional development hours and standards of practice.
2. I declare that the examples I have presented as evidence contains my own work, **or**, where I have undertaken joint work, I have fairly and accurately described my personal contribution.
3. I declare that the submitted examples relate to my current practice and are from within the past 12 months.
4. I understand that my portfolio may be audited for purposes of authentication, or may be subject to internal moderation by the PDRP Nurse Coordinator, or other assessor or an external moderator.
5. I understand that none of my work will be used for other purposes unless it has my specific consent. I understand, however, if during the assessment process an assessor identifies any issues of potentially unsafe or concerning practice, they will discuss this with the PDRP Nurse Coordinator in the first instance and the issue may be followed up further.
6. I give permission for this demographic data to be used in an anonymised format for workforce development purposes.

**I attest that I am not currently under performance management or being investigated by Nursing Council of New Zealand or have any restrictions on my practicing certificate for any reason. By signing I declare the information I have given is true and correct.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Applicant Signature:** |  |  | **Date:** |  |

I have notified my Line Manager of my intent to apply for PDRP, before submitting my portfolio.**STATEMENT FROM MANAGER THAT SUPPORTS THE LEVEL OF PRACTICE THIS NURSE IS APPLYING FOR**

|  |
| --- |
|  |
|  |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Managers Signature:** |  |  | **Date:** |  |
| **Managers Name** |  |  | **Designation:** |  |

 |

|  |
| --- |
| **LEVELS OF PRACTICE** |
| **Proficient EN** | **Proficient EN** | **Accomplished EN** |
| * Under the direction of the RN, contributes to assessment, planning, delivery and evaluation of nursing care
* Develops partnerships with clients that implement Te Tiriti o Waitangi in a manner which the client determines as culturally safe
* Applies knowledge and skills to practice
* Has developed experiential knowledge and incorporates evidence-based nursing
* Is confident in familiar situations
* Is able to manage and priories assigned client care / workload appropriately
* Demonstrates increasing efficiency and effectiveness in practice
* Responds appropriately in emergency situations
 | * Utilises broad experiential and evidence-based knowledge to provide care
* Develops partnerships with clients that implement Te Tiriti o Waitangi in a manner which the client determines is culturally safe
* Has an in-depth understanding of enrolled nurse practice
* Contributes to the education and/or preceptorship of enrolled nurse students, new graduate EN, care givers/healthcare assistants, proficient and proficient EN
* Acts as a role model to their peers
* Demonstrates increased knowledge and skills in a specific clinical area
* Is involved in service, professional or organisational activities
* Participates in change
 | * Demonstrates advancing knowledge and skills in a specific clinical area within the enrolled nurse scope
* Develops partnerships with clients that implement Te Tiriti o Waitangi in a manner which the client determine is culturally safe
* Contributes to the management of changing workloads
* Gains support and respect of the health care team through sharing of knowledge and making a demonstrated positive contribution
* Undertakes an additional responsibility within a clinical/quality team, e.g. resource nurse, health and safety representative, etc.
* Actively promotes understanding of legal and ethical issues
* Contributes to quality improvements and change in practice initiatives
* Acts as a role model and contributes to leadership activities
 |

**Privacy**

Privacy extends to all individuals and portfolio development must take into account an individual’s right to privacy.

* All patient personal details and any identifiers must be removed from all parts of the portfolio. The nurse must abide by the Privacy Act (2020), so that information collected for the furthering of patient care is used only for that purpose, not for inclusion in a portfolio.
* ‘Identifiers’ relates not only to a person’s specific information such as birth date or NHI, it can relate to a context or situation whereby if that situation is described, it will identify the person by process of elimination. *“It is very easy to breach privacy and confidentiality inadvertently even if pseudonyms are used. Even a description of an entire context of a situation can result in those involved being identifiable. New Zealand is a small country and contextual descriptions along with the author’s location can result in identifying those involved.”* NZNO (2016).
* Nurses must not reveal names or identifiers of other health professionals or colleagues in portfolios. Generic job titles could be used if required.

|  |
| --- |
| **STANDARD PORTFOLIO REQUIREMENTS PROFICIENT EN LEVEL**  |
| **For a Proficient EN level portfolio you are required to provide the following evidence** |
|

|  |
| --- |
| **FROM THE LAST 3 YEARS**1. **Verification of 450 hours of practice over the last three (3) years**
* Validated by either a senior nurse (Charge Nurse, Nurse Manager or the nurse to whom the applicant reports) or a letter from the employer indicating the clinical area and the number of practice hours over the last 3 years
1. **60 hours of professional development over last three (3) years**

Professional development requirements must:* Be validated either by signature or someone who can verify your attendance, or certificate or organisational education record
* Relate to the relevant area of practice
* Include either:
* A statement, for each PD activity (describing the difference the learning has made to your nursing practice) OR
* A short reflection on three (3) key activities attended (note: this is more in-depth than ‘a statement’)
 |
| **FROM THE LAST 12 MONTHS**1. **Self-assessment against NCNZ competencies**
* One piece of evidence for each competency is required.
* The example is to describe how day to day practice meets the indicator for the competency and the level of practice applied for.
* It must be verified by a RN with a current practising certificate.
1. **Peer /senior nurse[[1]](#footnote-1) assessment against NCNZ competencies**
* Describes how the nurse’s day to day practice meets the competency.
* Peer or senior nurse assessment may comment on the same example used by the nurse in their self-assessment; however, it should be a **validation** of the self-assessment, **providing objective comments from a different viewpoint or focus**.
* Peer or senior nurse feedback should be from a nurse with a current practising certificate.
1. **Performance appraisal OR nursing development plan/ career plan** must be from previous 12 months**.**
* May include long term and /or short term educational and / or professional goals, with steps to achieving goals.
1. **Printout of current practising certificate** (from NCNZ website) ***or*** a copy of both sides of the current practising certificate.
 |
|  |

 |

|  |
| --- |
| **SPECIFIC EN PROFICIENT LEVEL REQUIREMENTS**  |
| **For a Proficient EN level portfolio you are required to provide the following evidence** |
|

|  |
| --- |
| **GENERAL WORK HISTORY**1. **CV providing work and education history**
 |
| **FROM THE LAST 3 YEARS (see below notes)**1. **Level of Practice evidence**

One piece of evidence (if not evidenced in the above standard requirements) demonstrating:* Participation in practice change or quality initiative
* Teaching and/or preceptorship
* In-depth understanding of patient care and care co-ordination within scope of practice

NB. **If the level of practice evidence (as above) is met within the standard requirements (e.g. self-assessment and senior nurse/ peer review), then no additional evidence is required**. If it is not, then separate evidence should be provided to support this level of practice. For example, a self-assessment should contain evidence from the last 12 months, so if a practice change was completed 2 years ago, this would not be included, as it is over the 12-month self-assessment timeframe, so a separate piece of evidence or statement would be needed. |
| **FROM THE LAST 12 MONTHS**1. **Statement that the Clinical Nurse Manager (or equivalent senior nurse)**
* Supports the level of practice the nurse is applying for
* This support must be in writing
* The statement must not be unduly withheld
 |
|  |

 |

|  |
| --- |
| **The following self-assessment has been verified by a Registered Nurse****RN Verifiers Name: ……………………………………………. Signature: ……………………………………………………..****APC Number: …………………………………………… Job Title: ………………………………………………………****Date: ……………………………………………**  |

|  |
| --- |
| ***Note: Those Enrolled Nurses working within the Restricted Scope are excluded from assessment for the following competencies 2.2, 2.3, 2.6, 3.2, 3.3, 4.2 and 4.3 at all PDRP levels.*** |

|  |
| --- |
| **Domain 1 Professional Responsibility** |
| **Competency Statements** | **Self-Assessment Comments** |
| **1.1****Accepts responsibility for ensuring that his/her nursing practice and conduct meet the standards of the professional, ethical and relevant legislated requirements.** |  |
| **1.2****Demonstrates the ability to apply the principles of the Treaty of Waitangi/Te Tiriti o Waitangi to nursing practice.** |  |
| **1.3****Demonstrates understanding of the enrolled nurse scope of practice and the registered nurse responsibility and accountability for direction and delegation of nursing care.**  |  |
| **1.4****Promotes an environment that enables client safety, independence, quality of life, and health.** |  |
| **1.5****Participates in ongoing professional and educational development.** |  |
| **1.6****Practises nursing in a manner that the health consumer determines as being culturally safe.** |  |

|  |
| --- |
| **Domain 2 Provision of Nursing Care** |
| **Competency Statements** | **Self-Assessment Comments** |
| **2.1****Provides planned nursing care to achieve identified outcomes.** |  |
| **2.2****Contributes to nursing assessments by collecting and reporting information to the registered nurse.** |  |
| **2.3****Recognises and reports changes in health and functional status to the registered nurse or directing health professional.** |  |
| **2.4****Contributes to the evaluation of health consumer care.** |  |
| **2.5****Ensures documentation is accurate and maintains confidentiality of information.** |  |
| **2.6****Contributes to the health education of health consumers to maintain and promote health.** |  |

|  |
| --- |
| **Domain 3 Interpersonal Relationships** |
| **Competency Statements** | **Self-Assessment Comments** |
| **3.1****Establishes, maintains and concludes therapeutic interpersonal relationships.** |  |
| **3.2****Communicates effectively as part of the health care team.** |  |
| **3.3****Uses a partnership approach to enhance health outcomes for health consumers.** |  |

|  |
| --- |
| **Domain 4** **Inter-professional Health Care and Quality Improvement** |
| **Competency Statements** | **Self-Assessment Comments** |
| **4.1****Collaborates and participates with colleagues and members of the health care team to deliver care.** |  |
| **4.2****Recognises the differences in accountability and responsibility of registered nurses, enrolled nurses and healthcare assistants.** |  |
| **4.3****Demonstrates accountability and responsibility within the health care team when assisting or working under the direction of a registered health practitioner who is not a nurse.** |  |

|  |
| --- |
|  **Proficient Level of Practice Specific Requirements** |
| **Statements** | **Self-Assessment Comments** |
| **Participation in practice change or quality initiative**  |  |

|  |
| --- |
|  **Proficient Level of Practice Specific Requirements** |
| **Statements** | **Self-Assessment Comments** |
| **Teaching and / or preceptorship**  |  |

|  |
| --- |
|  **Proficient Level of Practice Specific Requirements** |
| **Statements** | **Self-Assessment Comments** |
| **In-depth understanding of patient care and care coordination within scope of practice**  |  |

1. A senior nurse is a nurse in a designated senior position (such as a charge nurse, clinical nurse manager, associate clinical nurse manager or nurse educator). [↑](#footnote-ref-1)